



**State of Hawaii**  
**COMMISSION ON WATER RESOURCE MANAGEMENT**  
**Department of Land and Natural Resources**  
**ANNUAL GROUND WATER USE REPORT**

**For Official Use Only:**

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**State Well No.:** \_\_\_\_\_ **Well Name:** \_\_\_\_\_ **Year:** \_\_\_\_\_

INSTRUCTIONS: Please TYPE OR PRINT CLEARLY. Complete this form to report total monthly ground water use, and, if required, other information from each of your well sources. Mail to: Commission on Water Resource Management, P.O. Box 621, Honolulu, HI 96809. For assistance, please call (808) 587-0265.

State Well No.	Period Begin Date (mm/dd/yy)	Period End Date (mm/dd/yy)	Quantity Pumped (gallons)	Method of Measurement*	Chloride (mg/l)	Temp. (°F)	Non-Pumping Water Level (ft. above msl)**
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

\* Flow meter, electrical consumption, weir or flume, not metered (estimated).

\*\* Measurement should be taken while pump is NOT running just prior to a pumping cycle;  
If measurement is taken while pump is running, please indicate so.

Other comments or additional information (e.g., date and method of chloride measurement, how pumpage amounts are estimated, etc.):

**Submitted by (print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_